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CONFIRMATION NO. 1530

<b>SERIAL NUMBER</b> 09/993,790	<b>FILING OR 371(c) DATE</b> 11/23/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2621	<b>ATTORNEY DOCKET NO.</b> 8498-043-999
<b>APPLICANTS</b> Anat Caspi, San Francisco, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/252,743 11/22/2000 and claims benefit of 60/314,582 08/24/2001				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/18/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 20
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> MORGAN LEWIS & BOCKIUS LLP 1111 Pennsylvania Avenue, N.W. Washington , DC 20004				
<b>TITLE</b> AUTOMATED REGISTRATION OF 3-D MEDICAL SCANS OF SIMILAR ANATOMICAL STRUCTURES				
<b>FILING FEE RECEIVED</b> 978	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	